

Client and Staff TST Screening Logs (Forms on Page 2 & 3)

Purpose:

It is important to maintain a reliable and accurate system that insures all individuals complete the TB screening process. The log sheets below are examples of both client and staff log sheets. You may elect to use a different method, either electronic or on paper. We recommend a centralized collection of this data in a form that can be easily reviewed. Looking in individual charts or computer files can be time consuming and inefficient. If you would like assistance in setting up a recording method, please call 619-692-8627.

How to use these forms:

Record each new client on the TB SCREENING LOG form, and all staff and volunteers on the STAFF/VOLUNTEER TB SCREENING LOG.

The first five columns should be completed for everyone. The last four columns (shaded) are completed for those individual with a “positive” TST. Remember that a “positive” TST is dependent on HIV test status criteria (see TB SCREENING GUIDELINES).

CLIENT TB SCREENING LOG

Client Name / ID No.	Race/ Ethnicity	Date of Admission	TST Reading Date	TST (mm)	Chest X-ray Date	Chest X-ray Results	Med. Eval.	Treatment Outcome

INSTRUCTIONS:

- TST required yearly. If TST is positive, no further TST is needed; symptom review annually
- TST positive criteria: **HIV negative:** $\geq 10\text{mm}$. **HIV risk / HIV positive:** $\geq 5\text{mm}$
- TST positive clients should be referred to medical provider for CXR and evaluation
- All documentation (TST, chest x-ray) to be included in patient's chart
- Race/Ethnicity: H – Hispanic, B – Black, W – White, A-Asian, O – Other

STAFF/VOLUNTEER TB SCREENING LOG

Name	Race/ Ethnicity	Employ- ment Start Date	TST Reading Date	TST (mm)	Chest X-ray Date	Chest X-ray Results	Med. Eval.	Treatment Outcome

INSTRUCTIONS:

- TST required yearly. If TST is positive, no further TST is needed; symptom review annually
- TST positive criteria: **HIV negative:** $\geq 10\text{mm}$. **HIV risk / HIV positive:** $\geq 5\text{mm}$
- TST positive staff should be referred to medical provider for CXR and evaluation for LTBI treatment
- All documentation (TST, chest x-ray) to be included in staff member's file
- HIV positive (regardless of TST result): Mandatory CXR prior to working and yearly.

- Notify TB Control Drug Tx Program Coordinator when staff members develop newly positive TST
- Race/Ethnicity: H – Hispanic, B – Black, W – White, A-Asian, O – Other